



Department of Safety
Bureau of Emergency Medical Services
Upper Valley & Northern: 22 Main Street, Berlin, NH 03570
Southern: PO Box 125, Wilton, NH 03086
Seacoast & Central: 37 Pleasant Street, Epping, NH 03042
<http://www.nh.gov/safety/divisions/fstems/ems/index.htm>

Authority to Establish Course
In Accordance with Saf-C 5910

Type of Course (check only one course per form):

- | | |
|--|---|
| <input type="checkbox"/> First Responder | <input type="checkbox"/> EMT-Intermediate |
| <input type="checkbox"/> First Responder RTP | <input type="checkbox"/> EMT-Intermediate Protocol Transition |
| <input type="checkbox"/> EMT-Basic | <input type="checkbox"/> EMT- Paramedic |
| <input type="checkbox"/> EMT-Basic RTP | <input type="checkbox"/> EMT-Paramedic RTP |
| <input type="checkbox"/> EMT-Basic Protocol Transition | <input type="checkbox"/> EMT-Paramedic Protocol Transition |
| <input type="checkbox"/> Interfacility Transfer Exception (IFTE) | <input type="checkbox"/> P.E.E.T.E. |
- Will the course be: ☐ Open ☐ Closed

EMS Bureau Use Only

Course # _____

NOTIFICATION

Regional Chairperson

District Chairperson

Med. Resource Hospital
(MRH) EMS Contact

MRH Physician

Course Medical Director

COURSE INFORMATION

Location (Town): _____ Facility: _____

NH EMS I/C: _____ EMS District: _____ EMS Region: _____

NH EMS I/C License No.: _____ Course Med. Dir: _____

Ass't Instructor: _____ MRH Physician: _____

Start Date: _____ End Date: _____

NH EMS I/C (Print Name)

NH EMS I/C (Signature) Date

NH EMS I/C's Mailing Address

City State Zip

NHEMS I/C's Telephone Number (Daytime)

Course Coordinator (Print Name) Date

Course Coordinator's Phone Number

NH Bureau of EMS (Signature) Date

INSTRUCTIONS: This form must be received by the appropriate EMS Field Office NO LESS than 30 calendar days prior to the start of the course. To receive course authorization, the following documents must also be included (as appropriate):

- An outline listing dates of classes and topics to be covered.
- A completed Clinical Affiliation Form

09/20/2006